

**DIVISION OF LABORATORY SERVICES**  
**CHAIN OF CUSTODY / PROPERTY FORM**

**LAB USE ONLY**

LAB NUMBER: \_\_\_\_\_

EOC NUMBER: \_\_\_\_\_

**NAME OF PERSON FROM WHOM RECEIVED:**

**LOCATION WHERE SAMPLE WAS OBTAINED:**

**ADDRESS:**

**TIME OBTAINED:**

**REASON OBTAINED:**

**DATE OBTAINED:**

**BT SAMPLES ONLY:**

**SAMPLE SCANNED FOR:** RADIOLOGICAL ( ) CHEMICAL ( ) ( please attach a copy of results)

ITEM NUMBER	QUANTITY	DESCRIPTION OF ARTICLES

**CHAIN OF CUSTODY**

ITEM NO.	DATE/ TIME	RELEASED BY	RECEIVED BY	PURPOSE OF CHANGE
		Signature	Signature	
		Print Name	Print Name	
		Signature	Signature	
		Print Name	Print Name	
		Signature	Signature	
		Print Name	Print Name	
		Signature	Signature	
		Print Name	Print Name	

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